

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026986

State File No.

7340

FILED AUG 1 1958

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 41 Frisco Hosp.				e. STREET ADDRESS (If rural, give location) 2179 3306 Russell Ave.			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First)		b. (Middle)		c. (Last) Golden	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		4. DATE OF DEATH (Month) (Day) (Year) July 25 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Retd		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.		8. DATE OF BIRTH Feb. 3, 1887		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 4 HRS. Hours _____ Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Chas. J. Golden			
13b. MOTHER'S MAIDEN NAME Mary Myers		14. NAME OF HUSBAND OR WIFE Chas. J. Golden		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 702-03-4477		17. INFORMANT'S SIGNATURE OR NAME Clara Myers-4929 Chippewa St.				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, urinary bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 181.0 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoporosis. Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION 2/3/56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder, Grade IV				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec 31, 1957 , to July 25, 1958 , that I last saw the deceased alive on July 25, 1958 , and that death occurred at 6:25 p.m. , from the causes and on the date stated above.							
22a. SIGNATURE Duane C. Crowell		(Degree or title) W.D. O		23b. ADDRESS 4960 Laclede Ave		23c. DATE SIGNED 7/25/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE 7/28/58		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser-4228 S. Kingshighway		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.